

|                                             |            |                  | PTO/SB/05 (03-01)                                                                        |
|---------------------------------------------|------------|------------------|------------------------------------------------------------------------------------------|
| St. A                                       | _          | r <del>-11</del> | Approved for use through 10/31/2002. OMB 0651-0032                                       |
| Please type a plus sign (+) inside this box |            |                  | U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE                            |
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| UTILITY            |
|--------------------|
| PATENT APPLICATION |
| TRANSMITTAL        |

| Attori  | ney Docket No. | Ра <b>9</b> -5 | 0      |
|---------|----------------|----------------|--------|
| First I | nventor        | Derick J. PAGE | F P    |
| Title   | Reconfigura    | ableSurface    | .s.    |
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| e    | ReconfigurableSurface |  |           | Ξ |
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| (Only for new nonprovisions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | al applications under 37 CFR 1.53(b))                                                                                                                                                                                                                                                  | Express Mail Label No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>₹</b>                                                                   |  |  |  |  |
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| APPLICAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TION ELEMENTS                                                                                                                                                                                                                                                                          | Assistant Commissioner for Patents  ADDRESS TO: Box Patent Application                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            |  |  |  |  |
| See MPEP chapter 600 conce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | erning utility patent application contents                                                                                                                                                                                                                                             | s. Washington, DC 20231                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _                                                                          |  |  |  |  |
| 1. X Fee Transmittal Fo (Submit on original and a di Applicant claims sin See 37 CFR 1.27.  3. X Specification (preferred arrangement - Descriptive title concess Reference - Statement Regalar - Reference to secon a computer properties - Background of the Brief Summary (Concess - Brief Description - Detailed Description - Detailed Description - Claim(s) - Abstract of the Instantian - Applicant - Appl | rm (e.g., PTO/SB/17) uplicate for fee processing) nall entity status.  [Total Pages 8 ] set forth below) of the invention to Related Applications rding Fed sponsored R & D quence listing, a table, ogram listing appendix he Invention of the Invention n of the Drawings (if filed) | 7. CD-ROM or CD-R in duplicate, large table or Computer Program ( <i>Appendix</i> )  8. Nucleotide and/or Amino Acid Sequence Submission ( <i>if applicable, all necessary</i> )  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or  ii. paper  c. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  9. Assignment Papers (cover sheet & document(s))  10. (when there is an assignee)  Power of (when there is an assignee) |                                                                            |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                        | Information Disclosure Copies of IDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ò                                                                          |  |  |  |  |
| 5. Oath or Declaration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | [ Total Pages 2                                                                                                                                                                                                                                                                        | Statement (IDS)/P10-1449                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |  |  |  |  |
| a. A Newly execu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ited (original or copy)                                                                                                                                                                                                                                                                | 13. Preliminary Amendment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |  |  |  |  |
| b. Copy from a (for continuat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | prior application (37 CFR 1.63 (d))<br>ion/divisional with Box 18 completed)                                                                                                                                                                                                           | (Should be specifically itemized)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized) |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ON OF INVENTOR(S)                                                                                                                                                                                                                                                                      | 15. Certified Copy of Priority Document(s) (if foreign priority is claimed)                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | tement attached deleting inventor(s) he prior application, see 37 CFR                                                                                                                                                                                                                  | Nonpublication Request under 35 U.S.C. 122                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |  |  |  |  |
| 1.63(d)(2) and 1.33(b). (b)(2)(B)(i). Applicant must attach form PTO/SB/3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |  |  |  |  |
| or its equivalent.  6. Application Data Sheet. See 37 CFR 1.76 17. Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |  |  |  |  |
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| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |  |  |  |  |
| or in an Application Data She                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <del></del>                                                                                                                                                                                                                                                                            | P) of pnor application No/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ٦                                                                          |  |  |  |  |
| Continuation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                        | Group Art Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |  |  |  |  |
| Prior application information  For CONTINUATION OR DIVISI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Exeminer ONAL APPS only: The entire disclosure of                                                                                                                                                                                                                                      | of the prior application, from which an oath or declaration is supplied und                                                                                                                                                                                                                                                                                                                                                                                                                                      | er                                                                         |  |  |  |  |
| Boy 5h is considered a part of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | the disclosure of the accompanying con                                                                                                                                                                                                                                                 | itinuation or divisional application and is hereby incorporated by referenc                                                                                                                                                                                                                                                                                                                                                                                                                                      | :е.                                                                        |  |  |  |  |
| The incorporation can only be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                        | dvertently omitted from the submitted application parts.  NDENCE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | IS SOURCE OF                                                                                                                                                                                                                                                                           | Zaran Zaranv.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |  |  |  |  |
| Customer Number or Bar Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ode Label (Insert Customer No. or Attac                                                                                                                                                                                                                                                | or A Correspondence address below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |  |  |  |  |
| Name Hung Chang LIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |  |  |  |  |
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| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |  |  |  |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Silver Spring State MD Zip Code 20903                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |  |  |  |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | U.S.A. Telephone 301-434-3571 Fax 30143465                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Hung Chang LIN                                                                                                                                                                                                                                                                         | Registration No. (Attorney/Agent) 28,789                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | $\overline{\gamma}$                                                        |  |  |  |  |
| Name (Print/Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                        | 1 44/46/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _                                                                          |  |  |  |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Signature ) hung Chang xin Date 11/16/01                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |  |  |  |  |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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PTO/SB/17 (11-00)
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## FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT

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| Complete if Known    |                 |  |
|----------------------|-----------------|--|
| Application Number   |                 |  |
| Filing Date          |                 |  |
| First Named Inventor | Derrick J. PAGE |  |
| Examiner Name        |                 |  |
| Group Art Unit       |                 |  |
| Attorney Docket No.  | Page-5          |  |

| METHOD OF PAYMENT                                                                   | FEE CALCULATION (continued)                                                              |          |  |  |  |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------|--|--|--|
| 1. The Commissioner is hereby authorized to charge                                  | 3. ADDITIONAL FEES                                                                       |          |  |  |  |
| indicated fees and credit any overpayments to:  Deposit                             | Large Small                                                                              |          |  |  |  |
| Account<br>Number                                                                   | Entity Entity  Fee Fee Fee Fee Fee Fee Description                                       | Fee Paid |  |  |  |
| Deposit                                                                             | Code (\$) Code (\$)                                                                      |          |  |  |  |
| Account<br>Name                                                                     | 105 130 205 65 Surcharge - late filing fee or oath                                       |          |  |  |  |
| Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17                       | 127 50 227 25 Surcharge - late provisional filing fee or cover sheet                     |          |  |  |  |
| Applicant claims small entity status                                                | 139 130 139 130 Non-English specification                                                |          |  |  |  |
| See 37 CFR 1 27                                                                     | 147 2,520 147 2,520 For filing a request for ex parte reexamination                      |          |  |  |  |
| 2. X Payment Enclosed:                                                              | 112 920* 112 920* Requesting publication of SIR prior to Examiner action                 |          |  |  |  |
| X Check Credit card Order Other                                                     | 113 1,840* 113 1,840* Requesting publication of SIR after                                |          |  |  |  |
| FEE CALCULATION                                                                     | Examiner action                                                                          |          |  |  |  |
| 1. BASIC FILING FEE                                                                 | 115 110 215 55 Extension for reply within first month                                    |          |  |  |  |
| Large Entity Small Entity                                                           | 116 390 216 195 Extension for reply within second month                                  |          |  |  |  |
| Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid                            | 117 890 217 445 Extension for reply within third month                                   |          |  |  |  |
| 101 710 201 355 Utility filing fee 355                                              | 118 1,390 218 695 Extension for reply within fourth month                                |          |  |  |  |
| 106 320 206 160 Design filing fee                                                   | 128 1,890 228 945 Extension for reply within fifth month                                 |          |  |  |  |
| 107 490 207 245 Plant filing fee                                                    | 119 310 219 155 Notice of Appeal                                                         |          |  |  |  |
| 108 710 208 355 Reissue filing fee                                                  | 120 310 220 155 Filing a brief in support of an appeal                                   |          |  |  |  |
| 114 150 214 75 Provisional filing fee                                               | 121 270 221 135 Request for oral hearing                                                 |          |  |  |  |
| SUBTOTAL (1) (\$) 355                                                               | 138 1,510 138 1,510 Petition to institute a public use proceeding                        |          |  |  |  |
|                                                                                     | 140 110 240 55 Petition to revive - unavoidable                                          |          |  |  |  |
| 2. EXTRA CLAIM FEES Fee from                                                        | 141 1,240 241 620 Petition to revive - unintentional                                     |          |  |  |  |
| Extra Claims below Fee Paid                                                         | 1 🖟                                                                                      |          |  |  |  |
| iotal Claims ^ ^                                                                    | 143 440 243 220 Design issue fee                                                         |          |  |  |  |
| Claims^                                                                             | 144 600 244 300 Plant issue fee                                                          |          |  |  |  |
| Multiple Dependent                                                                  | 122 130 122 130 Petitions to the Commissioner                                            |          |  |  |  |
| Large Entity Small Entity                                                           | 123 50 123 50 Processing fee under 37 CFR 1.17(q)                                        |          |  |  |  |
| Fee Fee Fee Fee Description                                                         | 126 180 126 180 Submission of Information Disclosure Stmt                                |          |  |  |  |
| Code (\$) Code (\$)  103 18 203 9 Claims in excess of 20                            | 581 40 581 40 Recording each patent assignment per property (times number of properties) |          |  |  |  |
| 103 18 203 9 Claims in excess of 20 102 80 202 40 Independent claims in excess of 3 | 146 710 246 355 Filing a submission after final rejection (37 CFR § 1.129(a))            |          |  |  |  |
| 104 270 204 135 Multiple dependent claim, if not paid                               | 149 710 249 355 For each additional invention to be                                      |          |  |  |  |
| 109 80 209 40 ** Reissue independent claims over original patent                    | examined (37 CFR § 1.129(b))                                                             |          |  |  |  |
| 110 18 210 9 ** Reissue claims in excess of 20                                      | 179 710 279 355 Request for Continued Examination (RCE)                                  |          |  |  |  |
| and over original patent                                                            | 169 900 169 900 Request for expedited examination of a design application                |          |  |  |  |
| SUBTOTAL (2) (\$) 9                                                                 | Other fee (specify)                                                                      |          |  |  |  |
| **or number previously paid, if greater. For Reissues, see above                    | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)                                      |          |  |  |  |

| SUBMITTED BY Complete (if applicable) |                 |                                     |                 |           | applicable)  |
|---------------------------------------|-----------------|-------------------------------------|-----------------|-----------|--------------|
| Name (Print/Type)                     | Hung Chang LIN  | Registration No<br>(Attorney/Agent) | 28 <b>,</b> 789 | Telephone | 301-434-3571 |
| Signature                             | Itung Chang Lin |                                     |                 | Date      | Nov.16, 2001 |

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